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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I.

Operator Phillips Petroleum Company	
Address Room 806, Phillips Bldg., Odessa, TX 79761	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vernon	Well No. 1	Pool Name, Including Formation Jalmat Yates	Kind of Lease State, Federal or Fee	Lease No. E 1734
Location				
Unit Letter J	1980	Feet From The south	Line and 1980	Feet From The east
Line of Section 36	Township 24-S	Range 36-E	NMFM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Approved Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas	
Name of Approved Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas	
If well is owned by other than owner, give location of title	Unit J	Sec. 36
	Twp. 24-S	Rge. 36-E
	Is gas actually connected? yes	When 6-30-76

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input checked="" type="checkbox"/>
Date of Test PB	Date Compl. Ready to Prod.		Total Depth 3510		P.B.T.D. 3010			
Elevation (DF, RAB, RI, GR, etc.) RKB 3268	Name of Producing Formation Yates		Top Oil/Gas Pay		Tubing Depth 2974			
Reservoir 2808-26', 2830-36', 2861-68', 2886-92', 2942-48', 2958-64', 2982-86', 2992-94', 2996-3000', 3002-06'					Depth Casing Shoe 3509			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		371'		250			
7-3/4"	5-1/2"		3509'		1545			
	2-3/8"		2974'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

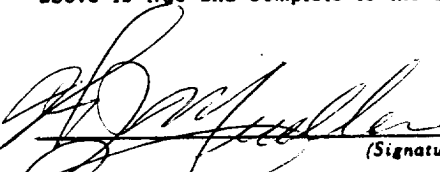
Date First New Oil Run To Tanks 6-30-76	Date of Test 7-21-76	Producing Method (Flow, pump, gas lift, etc.) Insert pump 2" x 1 1/2" x 16	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 1	Water-Bbls. 28	Gas-MCF 30

GAS WELL

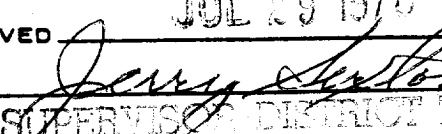
Actual Prod. Test-MCF/D ---	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) ---	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---	Choke Size ---

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
W. J. Mueller  
(Signature)  
Engr. Advisor  
(Title)  
7-23-76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  JUL 29 1976, 19  
BY  
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.